



Speech-Language Pathology and Audiology Board

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FIELDWORK EXPERIENCE VERIFICATION FORM UNDERGRADUATE CLINICAL EXPERIENCE

INSTRUCTIONS: COMPLETE ALL SECTIONS OF THE FORM AND SEND TO COLLEGE OR UNIVERSITY FOR VERIFICATION BY CURRENT TRAINING PROGRAM DIRECTOR/COORDINATOR. PLEASE PRINT OR TYPES. ALL SIGNATURES MUST BE IN BLUE INK.

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

UNIVERSITY OR COLLEGE: _____

Location Where Experience Was Obtained	Dates of Experience		Total Hours Earned
	From (Mo/Yr)	To Mo/Yr)	

TOTAL:

I certify that all fieldwork experiences listed on this form were completed according to the State of California requirements. I further certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect.

 Signature of Speech-Language Pathology Assistant
 Program Director or Authorized Designee

 Applicant's Signature

 Name of SLPA Program

 Date